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OVERCOMING FEAR AND PAIN WITH THE SURGICAL SUPPORT SERIES

by Maureen Caudill

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My sixty-three-year-old friend Joyce dreaded the prospect of major surgery. In fall 2002, an orthopedic surgeon had told her that the cartilage in both knees had completely deteriorated. Every step was extremely painful. She had begun to stand and walk tilted forward by almost forty-five degrees and listing to one side, a posture that also caused major pain in her back and hips.

Still, she was reluctant to go under the knife for the two total knee replacements that she needed. Joyce had been badly frightened as a child by hallucinogenic effects from anesthesia, which also made her nauseous and caused hours of vomiting in the recovery room. So, she stalled, but by late fall 2002, she admitted defeat. The first knee surgery was scheduled for late December or early January.

I had a huge personal awakening at the GATE*WAY VOYAGE*® in August 2002. The experience was so powerful, I signed up for the REMOTE VIEWING PRACTICUM in December 2002. As a result of my experiences with Hemi-Sync, I became convinced that the *SURGICAL SUPPORT SERIES* tapes could help Joyce with her concerns about surgery and bought the tapes for her at the December program.

When I got home, I found that Joyce had suffered a full-blown heart attack. While I was learning to remote view, she had been having an angioplasty. Her cardiologist put knee surgery on hold until she'd fully recovered. Nevertheless, I gave her the *SURGICAL SUPPORT* tapes, a portable tape recorder, and headphones for Christmas with the hope she'd use them to recover from the angioplasty. I told her about the double-blind studies that verified their efficacy. I gave her a packet of TMI articles and papers that explained how they had helped others and a second packet for her orthopedic surgeon. Unfortunately, Joyce was a true skeptic. She somehow never got around to using the tapes. Nor did she ever give the information to her doctor.

Joyce was now teetering around with a cane. Simply stepping up or down at a curb was scary. She never knew when her knee would freeze or give out completely. I repeatedly urged her to try *Energy Walk* and *Pain Control*. She repeatedly "forgot" to do so.

In April, her cardiologist agreed she could think about rescheduling the knee replacement. Then she was diagnosed with type 2 diabetes; her blood sugar levels were well over 300! Joyce stuck to her diet and normalized her blood sugar in less than two months. At that point, a fistula in her colon required immediate outpatient attention. The knee replacement was postponed again. She again "forgot" to use the tapes for the fistula procedure, and I learned she'd had a disastrous experiment with a Ouija board years earlier. It was reinforcing her fear of the anesthesia-triggered hallucinations. Joyce was convinced that any foray into altered states was fraught with danger.

By midsummer of 2003, she could no longer walk any distance, even with her cane. To live any semblance of a normal life, she had to regain some mobility. So she submitted to the stress tests, fought the insurance company for final approval, and surgery was scheduled for August 19, 2003.

Meanwhile, I had attended *GUIDELINES*® and the *Trainer Development and Assessment Program* (TDAP) to begin the process of becoming an *OUTREACH* Trainer. I returned the Friday before Joyce's surgery determined to convince her to actually use those tapes gathering dust on her shelf.

Then she developed a nasty cough and could not undergo anesthesia. At her pre-operation check-in appointment, surgery was rescheduled for September 2. She had two weeks to get rid of that cough. Disaster struck a few days later. Hobbling over an unobstructed, smooth floor in her condo, Joyce felt both knees literally "snap." Suddenly, she became a virtual prisoner in her own home. The only way she could go out was in the wheelchair. The knee replacement was an absolute necessity, despite her fears. She turned her determination to forcing that cough to go away—and it did.

She was still badly frightened of the operation. The *SURGICAL SUPPORT* tapes could calm some of those fears, I knew, but she'd refused to use them for eight months. I had to do something, so I asked her to be my "guinea pig" over Labor Day weekend and let me practice my *TDAP OUTREACH* training by being my "workshop attendee." She agreed. On that Saturday and Sunday, I used what I'd learned at *TDAP* to take her through a specially constructed workshop. Comfortably settled in her own bed, she learned how to go into Focus 10 and Focus 12. I carefully explained the protection afforded by the preparatory process. She learned she could control entering and leaving those states—and that they were subject to her decisions, no one else's. And she loved the experience. Suddenly she "got" why I'd been spending my vacation time at TMI programs.

Throughout the day before surgery, Joyce used the *Pre-Op*, *Energy Walk*, and *Pain Control* tapes repeatedly. Ridiculously early on Tuesday morning, I took her to the hospital. Total knee replacement is major surgery. Her surgeon said that she could expect to be in the hospital for

four or five days after surgery if all went well. Then she'd be transferred to rehabilitation for one to two weeks. About three weeks after surgery she would be ready to go home. They were going to replace her right knee first. If she healed quickly, perhaps the left knee could be done in three months instead of six. Maybe.

Joyce awoke from the anesthesia alert and chipper—and with absolutely no nausea. That was the first indication that things might go differently. She was having comfortable conversations with the recovery room nurses less than an hour after leaving the operating room. And the first two things she asked for after the numbness wore off were a morphine drip and her *SURGICAL SUPPORT* tapes!

She listened to the tapes whenever time permitted. Only forty-eight hours after surgery, her doctor proclaimed her ready to go to the rehabilitation wing. By one week after surgery, on September 9, a formal assessment panel of her rehabilitation therapists concluded that, based solely on mobility, she was ready to go home that very day—an astounding level of progress. Some inflammation in the knee joint, however, meant she had to stay until the last dose of intravenous antibiotics on Friday morning.

She spent that Tuesday afternoon outside in the hospital patio, helping volunteers tend the flowers. The nurses and therapists were amazed. Joyce herself started to tell everyone who would listen about the *SURGICAL SUPPORT* tapes and how they were helping her. She occasionally complained that the constant flow of activities and visitors in rehab interfered with using the tapes.

One of those interruptions was especially enlightening. Joyce suffers from hypertension, and during her hospital and rehab stay, her blood pressure typically measured around 165/85 or 170/90. But on one occasion, the nurse came in to take her blood pressure while she was in the middle of a tape. Joyce turned it off while her blood pressure was taken then resumed the exercise. Her blood pressure on that occasion measured 122/49—a forty-point drop each in the diastolic and systolic readings!

The hospital's healing-hands practitioner also stopped by Joyce's room in the middle of a tape. As she later explained to Joyce, the nurse looked at her face and decided that anything that brought such incredible peace and serenity should not be interrupted. The nurse left quietly and returned later.

Joyce went home exactly ten days after surgery—about half the time she expected to be hospitalized. In the ten days or so since she's been home, Joyce has continued to improve rapidly. At the time of discharge, she could bend her knee to an angle of sixty-seven degrees. Six days later she had ninety degrees of flexion. At her first follow-up visit with her surgeon, both the office nurses and the doctor were surprised and delighted at her ease in walking and

general progress. There is still some pain and swelling, but it's clear she's making an astounding recovery.

Joyce remains a devoted advocate of the SURGICAL *SUPPORT* tapes and their efficacy in easing the trauma of surgery. In her case, the impact has been dramatic: no nausea from the anesthesia, extremely rapid healing, and measurable, verifiable drops in blood pressure.

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